



Part C Coordinator's Report July 9, 2020

Service Statistics

FY20	7/01/2019-09/30/2019	10/01/2019-12/31/2019	01/01/2020-03/31/2020	04/01/2020-06/30/2020
Screened (children with suspected delay)	2005	1845	1859	815
Number of Referrals (Screened and Established Risk)	2119	2939	1980	590
Number Eligible (includes Established Risk, Developmental Delay and Informed Clinical Judgment)	1395	1382	1246	182*
Cumulative Count of Children receiving at least one IFSP service (excludes children referred and not eligible for Part C)	8772	7211	6624	5451

*Due to Covid-19 restrictions, eligibility determinations are backlogged.

FY21	7/01/2020-09/30/2020	10/01/2020-12/31/2020	01/01/2021-03/31/2021	04/01/2021-06/30/2021
Screened (children with suspected delay)				
Number of Referrals (Screened and Established Risk)				
Number Eligible (includes Established Risk, Developmental Delay and Informed Clinical Judgment)				
Cumulative Count of Children receiving at least one IFSP service (excludes children referred and not eligible for Part C)				

Federal Program Requirements

SPP/APR FFY18: KY achieved “Meets Requirements” for the ninth year in a row. This is the collective impact of dedicated families, early intervention providers, and POE and state staffs. The SPP/APR was submitted timely and provided clarifications during the clarification period. Some of the clarifications were not included in the written instructions: reason for delay of services, 45 day timeline and transition meetings, verification of correction of FFY17 monitoring, and compliance statement for 508 compliance (document and website accommodations for low vision). The other issue that was questioned was the proposal to change the analysis of the Child Outcomes and reset targets. Two targets were required to be set higher than submitted—statements 1 A and 1B. The new targets are higher than the 2008 baselines, a rule by OSEP.

	Improved Positive Social-Emotional Skills	Original Submitted Target	Revised Target
A1	% of those entered or exited below age expectations, substantially increased their rate of growth by exit	64.10%	70.20%
A2	% of those who maintain or attain age appropriate levels	44.10%	48.20%

The target reset that was submitted was not approved. Kentucky is required to revise the FFY19 targets to reflect improvement.

SSIP: Indicator 11, the State Systemic Improvement Plan was also submitted timely. Feedback on the submission will be provided later this summer. The introduction to the FFY19 SPR/APR must include FFY 2019 data for the State-identified

Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

SPP/APR FFY19: OSEP set the date for submission of both the APR and the SSIP for February 1, 2021. To date, no guidance has been issued regarding how to report the impact of COVID-19 on the early intervention system.

Federal Grant Award: Kentucky received \$ 6,169,000 for FFY20. The expiration date for these funds is 9-30-2022. Kentucky requested approval to revise the FFY19 budget in order to move \$125,000 from direct services to maintenance and implementation by the Lead Agency. The funds are start-up funding for establishing a different POE office in Elizabethtown.

618 Data: Exit and Dispute Resolution data are due November 1, 2020.

POE Determinations: Congratulations to our POEs! All demonstrated improvement for FFY18. We adjusted the scoring rubric this year to reflect scores for State Performance Plan Indicators that the POEs have within their control to change. Child Outcomes, Indicator 3, is the only indicator that does not involve POE staff. That specific indicator reflects the children and primary service providers. The rubric scoring did not include points for the 6 outcome statements but rather, the report to the POE included the results for each statement.

LEGEND: ↔ Maintained level ↑ Improved ↓ Slipped

Meets Requirements		Needs Assistance		Needs Intervention		Needs Substantial Intervention	
Bluegrass	↔	Barren River	↔	Pennyrile	↓	KIPDA	↔
Buffalo Trace	↔	FIVCO	↓				
Big Sandy	↑	Cumberland Valley	↑				
Gateway	↔	Lake Cumberland	↓				
Green River	↔						
Kentucky River	↔						
Lincoln Trail	↑						
Northern KY	↔						
Purchase	↔						

KEIS Rate Study: One of the SSIP activities is a rate study designed to assist with establishing a quality-based reimbursement. The University of Kentucky will conduct this study under the leadership of Dr. Beth Rous. Dr. Rous has experience with rate studies, having conducted several market rate studies for childcare. The study begins (Phase 1) with internal work on administrative data collection and review. Phase 2, running concurrently with Phase 1, is a travel time study to determine impact of travel on home visiting. GIS technology will be used to determine time, service, and travel patterns for a sample of providers and service coordinators for a 3-6 month period. Phase 3 is a provider survey designed to assess provider costs such as preparation time, training, and documentation. A comparison of other state's rates and survey of Part C Coordinator is Phase 4.

A workgroup representative of providers—discipline, independent and multi-employee agencies, POE Managers and service coordinators—will be convened to provide input and feedback. This workgroup, starting in the fall, will first have sessions devoted to understanding the purpose and scope of the study. The schedule for meetings and frequency is undetermined at this point. Deliverables for the study include comprehensive reports of findings in each phase and a PowerPoint presentation of the purpose, scope, and findings. The workgroup will assist the SLA develop recommendations for the Cabinet to consider.

First Steps Operations

State Lead Agency (SLA) Staff: Donna Montgomery joined the staff on June 16th as the section supervisor. Angie Gould in who worked in Provider Enrollment changed jobs. Three vacancies remain in First Steps: a Health Program Administrator for technical assistance and training and two Administrative Specialist IIIs. All staff are primarily working remotely. The limited office time made provider renewal and other duties challenging.

Change in POE Vendor: The Lincoln Trail Health Department District declined renewing the POE contract. New Vista, the fiscal agent for the Bluegrass POE, agreed to operate the Lincoln Trail POE in addition to the Bluegrass POE. Transitioning of the offices began prior to July 1 with the goal of minimal disruption to families.

Provider Enrollment:

Renewal:

Number of Packets Received as of July 1:	366.
Number of Active Agencies as of July 7:	380 (does not include 14 POES)
Number of Active Providers as of July 7:	1058

Twelve packets are incomplete and staff are working with the agencies to obtain missing documents. Fifty (50) agencies were notified of inactivation due to no renewal packet received. Four (4) agencies responded that they had placed in mail and should be arriving soon, another four (4) stated that they would get packet in as soon as possible. Forty-two (42) agencies were made inactive.

Ongoing: Because of the state of emergency, ongoing enrollment of providers was put on hold; the exception is for any administrative/billing staff for agencies and any Point of Entry staffing. All state buildings are closed to group meetings and space elsewhere is proving to be a challenge. These are the approximate numbers in different phases of enrollment that has participants on hold:

<u>Thank You for Your Interest:</u>	Twenty-nine (29) providers and one potential Service Coordinator have expressed interest in becoming a provider.
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<u>Pre-Orientation Training:</u>	Thirty-eight (38) providers await the assignment of these trainings; the reason for the delay is because that will significantly increase the number of providers on the waiting list for the face-to-face orientation.
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<u>Face-to-Face Waiting List:</u>	Twenty-seven (27) providers are awaiting assignment of a date for the orientation.
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<u>Previously Scheduled for Face-to-Face Orientation:</u>	Twenty-three (23) providers were ready to attend orientation but because all buildings closed to employees and visitors, the training is on hold. This is the last step in the enrollment process (before being added into the data system).
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The Face-to-Face Orientation is very interactive which is difficult to transfer to online training. However, staff are working on this as a backup if space for in-person training continues to be delayed.

Compliance Monitoring:

- Formal complaints – None
- Billing audits – There were two billing audits this period. No issues were found in either one.
- Provider audits – The majority of the period has been spent reviewing COVID-19 billing, modifying procedures, and reminding all providers of procedures.

Impact of COVID-19 State of Emergency: Emergency regulations were promulgated to allow tele-intervention service delivery, effective March 23, 2020 in anticipation of the suspension of Part C services by Executive Order of the Governor on March 26, 2020. Tele-intervention, not previously used in the Part C system, was implemented on April 6, 2020. The period between ordered suspension and implementation of tele-intervention was necessary for changes to the billing process and preparation of early intervention providers. Guidance was provided on June 17, 2020 that identified

telecommunication (tele-intervention and tele-assessment) as the primary service delivery mode until further notice. An enhancement fee was added to the reimbursement rate for tele-intervention and as of July 1, tele-intervention services are paid at the in-home rate of reimbursement.

Tele-intervention was offered to families with many asking to wait for in-person services. Not knowing the length of time the suspension of in-person services would be, waiting was allowed building a balance of compensatory services. Now that there is better knowledge of the status of the state of emergency, we no longer automatically provide compensatory services. Families that wait instead of using tele-intervention services will have an IFSP meeting to review the needs of the child and revise services as needed once in-person services are permissible.

One of the most significant change to procedures is the initial and annual evaluation and assessment. Because of restrictions to administration of the *Bayley Scales of Infant and Toddler Development III* by telecommunication, other alternatives were identified to confirm that a child had a significant developmental delay. There are two ways to establish the severity of delay by tele-assessment during the state of emergency:

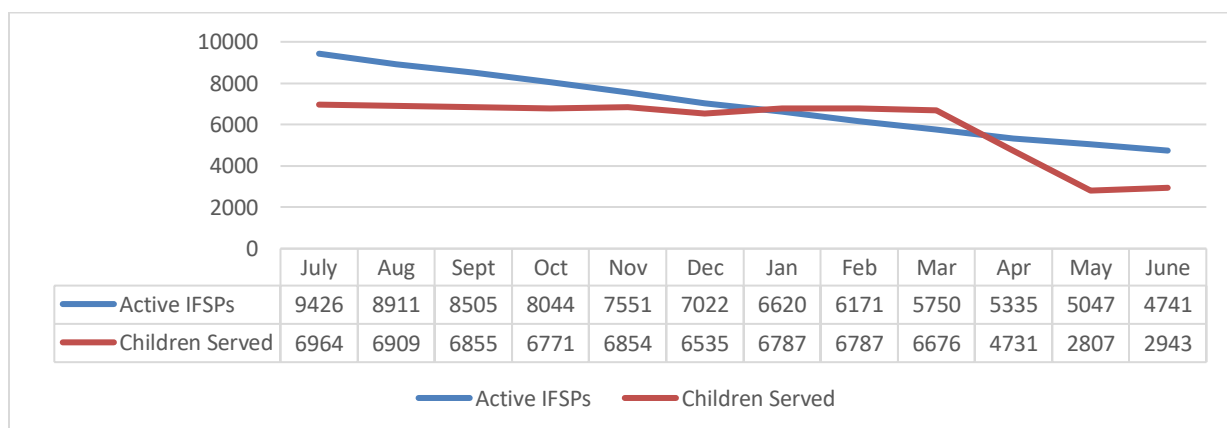
1. Administration of a *Battelle Developmental Inventory II (BDI-2)* instead of the *Bayley*. The 5AA portion of the PLE is conducted using one of the three approved instruments. **OR**
2. Confirmation of a significant developmental delay equivalent to 2 SDs below the mean in one domain or 1.5 SDs below the mean in two or more areas as applicable as measured by the *AEPS*. The *AEPS* has research to support the use of the instrument to determine Part C eligibility. The *Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN)* and the *Hawaii Early Learning Profile (HELP)* are not acceptable for determination of a significant developmental delay to aid in eligibility determination.

Confirmation of delay is done by using the cut-scores for the *AEPS* found in Appendix F of the *AEPS* Administration Manual. **The report in TOTS must include the cut-scores for each domain.** If cut scores can't be determined, Record Review shall determine eligibility.

First Steps providers are not permitted to deliver services in childcare settings at this time. This decision by the Cabinet was supported by the concerns for the fragility of childcare, the limitations for number of adults in the center, strict sanitation and health checks required in the centers and the likelihood of virus spread.

Transition to the public schools was on hold by the pandemic. With schools out, transition activities did not occur. Presently many districts have not announced starting dates. KDE advised districts that they must be in communication with their local health departments and their district administrators when making decisions about planning in person meetings. With fewer restrictions now, some districts are having ARCs again and trying to play catch-up, with precautions in place. Service coordinators and parents and providers need to call the districts to see if they have re-started yet

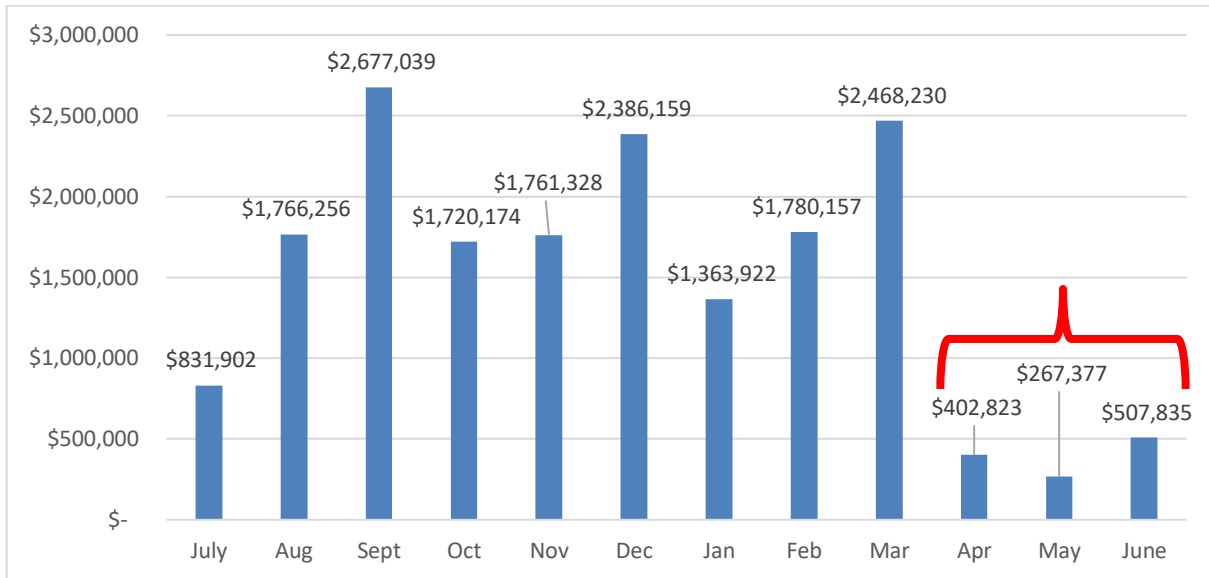
FY20 Active IFSPs and Unduplicated Number of Children Served per Month



- Active IFSPs count are children with an active IFSP during the month.
- Children Serve Count is based on claims paid during the month, including evaluations. POE payments are not included.

FY20 First Steps Monthly Claims Paid

- Monthly Claims paid do not include POE payments.



Record Review: See handout

Provider Payments FY20

	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Total \$ Amount billed to Medicaid	\$3,159,815.05	\$2,782,500.36	\$3,382,028.30	\$455,105.83
Total \$ Amount paid by Medicaid	\$3,475,226.00	\$2,737,601.99	\$3,336,845.55	\$448,970.57
Medicaid Denial	\$44,589.05 1.4%	\$44,898.37 1.6%	\$45,182.75 1.3%	\$6,135.26 1.35%
Total \$ Amount paid by Insurance	\$350,741.56	\$258,062.41	\$189,280.32	\$142,732.68
Total \$ Amount paid by KEIS	\$3,060,548.28	\$3,014,901.32	\$2,647,316.97	\$697,627.30
Total Paid All payor sources:	\$6,886,515.84	\$6,010,565.72	\$6,173,442.84	\$1,289,331.50
Family Share Payments Received	\$9,299	\$6,984	\$5,040.00	\$0

Note 1: Data Source is TOTS. Quarterly data changes as data updated. Excludes POE payments.